

JUL 06 2004

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICESUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT TRANSMITTAL

In re Application of:

For:

Serial No.:

Filed:

Kevin A. Wanasek

METHOD AND APPARATUS FOR DELIVERING MULTI-DIRECTIONAL DEFIBRILLATION WAVEFORMS

10/804,322

March 19, 2004

**CERTIFICATE OF MAILING UNDER 37 CFR 1.8:** I hereby certify that this **SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT** and the paper(s), as described herein, are being deposited in the U.S. Postal Service, as first class mail, addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on this 30<sup>th</sup> day of June, 2004.

Sue McCoy  
Signature  
Sue McCoy  
Printed Name

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

We are transmitting herewith the attached:

Supplemental Information Disclosure Statement  
 PTO FORM 1449  
 Copies cited references  
 Return Postcard

**FEE CALCULATION**

\$ 00.00 Pursuant to 37 CFR §1.97(b) (before mailing of first Office Action)  
 \$ 00.00 Pursuant to 37 CFR §1.97(c) with Certification (cited in foreign application not more than 3 months earlier)  
 \$ 00.00 Pursuant to 37 CFR §1.97(e) with Certification  
 \$180.00 Pursuant to 37 CFR §1.97(c) without Certification  
 \$180.00 Pursuant to 37 CFR §1.97(d) with Certification

Applicant hereby petitions for a        months' extension of time. If an additional extension of time is required, please consider        this petition therefor.

Applicant believes that no extension of time is required. However, if an extension of time is required, please consider this a petition therefor to provide for the possibility that applicant has inadvertently overlooked the need for an extension of time.

Please charge any additional fees or credits to Deposit Account No. 13-2546 which may have been overlooked with regard to this filing. A duplicate of this transmittal is enclosed.

June 29, 2004

Date

  
 Michael C. Soldner  
 Reg. No. 41,455  
 Telephone: (763) 514-4842  
 Customer No. 27581

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Kevin A. Wanasek Docket: P-11455.00  
Serial No.: 10/804,322 Group Art: 3762  
Filed: March 19, 2004 Examiner:  
Title: METHOD AND APPARATUS FOR DELIVERING MULTI-DIRECTIONAL DEFIBRILLATION WAVEFORMS

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**SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

In compliance with the duty imposed by 37 C.F.R. § 1.56, and in accordance with C.F.R. §§ 1.97 *et. seq.*, the materials enclosed herewith are brought to the attention of the Examiner as possibly being of interest in connection with the above-identified patent application.

Consideration of each of the documents listed on the attached Form 1449 is respectfully requested. Pursuant to the provisions of M.P.E.P. §609, Applicant further requests that a copy of the Form 1449, marked as being considered and initialed by the Examiner, be returned with the next Official Communication.

As these materials are being submitted before the mailing of a first office action, it is believed that no additional fees are due in connection with this Statement.

Respectfully submitted,

By: 

Michael C. Soldner  
Reg. No. 41,455  
Tele: (763) 514-4842  
Customer No. 27581

FORM PTO-1449 (Rev. 2-32)	U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE	ATTY. DOCKET NO.: P-11455.00	SERIAL NO: 10/804,322
INFORMATION DISCLOSURE STATEMENT BY APPLICANT (Use several sheets if necessary)		APPLICANT: Kevin A. Wanasek	
		FILING DATE: March 19, 2004	GROUP: 3762

## U.S. PATENT DOCUMENTS

## FOREIGN PATENT DOCUMENTS

**OTHER DOCUMENTS (Including Author, Title, Date Pertinent Pages, Etc.)**

	AA	Pagan-Carlo MD et al. "Encircling Overlapping Multipulse Shock Waveforms for Transthoracic Defibrillation" <u>J of Am Coll Cardio.</u> Dec 1998;Vol 32 Issue 7:pp2065-2071.

EXAMINER	DATE CONSIDERED
<b>EXAMINER:</b> Initial if citation considered, whether or not citation is in conformance with MPEP 609; Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.	